



## City of Long Beach

### High School Internship Program Application

Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City Zip Code

E-Mail: \_\_\_\_\_ Home Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_

Household Income: Below \$20,000 \$20,001 to \$50,000 \$50,001 to \$80,000  
(Circle One) \$80,001 to \$120,000 \$120,001 to \$150,000 Above \$150,001

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Contact #

Have you previously worked for the City of Long Beach? Yes \_\_\_\_ No \_\_\_\_

If yes, please list position and department: \_\_\_\_\_

Available to work from: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day Month/Day

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

High School (check applicable):

Junior \_\_\_\_ Senior \_\_\_\_ Graduated \_\_\_\_

Except for adjudications as a youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_ No \_\_\_\_



A conviction is not an automatic bar to employment. Each case is considered on its individual merits. A false statement may result in the disqualification of your application in accordance with section 50 of Civil Service Law. You are advised, therefore, to list all such convictions for misdemeanors or felonies.

Except for lack of work or funds, were you ever dismissed or discharged from any employment?

Yes \_\_\_\_ No \_\_\_\_

If you answered "yes" to either question above, you must give specifics below. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

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### Employment History

Name of Employer: _____		Position: _____	
Describe Duties: _____ _____			
Address: _____		Phone Number/Contact: _____	
Date Employed: _____ to _____		Reason for leaving: _____	
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Describe Duties: _____ _____			
Address: _____		Phone Number/Contact: _____	
Date Employed: _____ to _____		Reason for leaving: _____	



According to §45 of the NYS Retirement and Social Security Law, you have the option of becoming a member of the New York State Employees' Retirement System. By becoming a member, 3% of your salary will be deducted by-weekly.

I acknowledge that I have been advised that Membership in the New York State Employees' Retirement System is available to me as a municipal employee. Further I understand that if I am interested in joining the retirement system, I must file an application with the Civil Service office and pay the applicable certified mailing fee.

I acknowledge that I am requesting permission to work as a seasonal or part-time employee, and therefore will be restricted in the duration of my employment or number of hours I may be permitted to work. I acknowledge that I received and completed the attached Employer Health Benefits Waiver of Coverage.

I acknowledge that I have received and read the City of Long Beach Employee Policy Manual, containing the City's Equal Employment Opportunity Policy, Family & Medical Leave Act ("FMLA") Policy, Drug-Free Workplace Policy, and Workplace Violence Prevention Act ("WVPA") Policy & Program.

The facts set forth on this application are true and complete. I understand that any false statement is cause for immediate dismissal.

The City of Long Beach is an equal opportunity employer.

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Applicant's Signature

Date